



OTAGO NURSE EDUCATION

Primary Care Professional Development Programme

Peer Learning Groups Guidelines



1. Introduction

Peer Learning Groups – What are they and why bother?

Recently Wendy Findlay undertook a research project to explore how Practice Nurses perceive engagement in Peer Learning and Review Groups impacts personally and professionally on their clinical practice. An anonymous self-administered postal questionnaire was utilized to gather the data; some of you were probably involved in completing the survey. There were a number of important findings that have highlighted why attendance at peer groups is a necessary part to your professional development.

There is now clear evidence that attendance at Peer Learning and Review Groups was perceived to have a positive impact on clinical practice. Ninety-five percent of the Practice Nurses indicated that they have altered or enhanced their practice in some form following attendance at the groups. In addition, changes to clinical practice were found to have occurred in a wide variety of different ways. These ranged from changes to aspects of service delivery, quality improvements, and direct patient care. The research showed the most significant learning that occurred as a result of the Peer Learning and Review Groups was for the most part related to the acquisition or improved clinical skills. Given the nature of the learning discussed, there is a strong direct link between nurses' involvement in the groups and benefits to patient care.

Through group attendance Practice Nurses were able to critique, evaluate and reflect on their practice with the support of their colleagues. In doing so, many expressed that they had increased confidence to be able to implement changes to the way they practice. Practice Nurses described an environment where it is safe to discuss patient cases, share knowledge and seek advice. In this regard, the groups provided a unique opportunity for nurses to learn from each other, feel supported and gain confidence. The research also highlighted that the groups were responsive to the needs and learning requirements of the members. The changes that nurses made to clinical practice were dependent upon current health issues, group members' specific interests and other educational experiences. With this now established, you can be reassured that the time you spend attending these groups is worthwhile and beneficial to your practice.

Those Practice Nurses who do not attend this type of education need to take note of the advantages that belonging to these groups can have for themselves both personally and professionally. With the implementation of Competency Based Practicing Certificates it is no longer acceptable for Practice Nurses to exclude some form of peer assisted learning and critique of their practice from their professional development. It is apparent that having a mechanism to discuss issues, critique practice and support each other provides nurses with increased confidence and reassurance that translates directly to patient care. In addition, the relationships that form and are maintained through these

groups become invaluable to those nurses who attend, providing group members with a greater sense of collegiality. The groups are utilized to gain support, maintain relationships, and act as a source of motivation. In turn, this led to a decrease in the sense of isolation. Also, the supportive environment provided by the groups led to significant personal growth, such as greater awareness of self and role and the increase in confidence.

As a nurse, it is imperative that you are able to articulate your role in Primary Care, present your practice to other nurses, and become more reflective practitioners. Continuing education is only one aspect of learning that you need to be involved in, involvement in peer groups will enhance your ability to reflect on your practice.

These guidelines have been developed to assist you with initiating peer review groups for your colleagues in your locality. This document is only a guide; you will need to develop the groups in a manner that suits both yourself and the Practice Nurses within each group.

Acknowledgement

The Otago Region Primary Care Nurse Leaders Group wish to thank the Southland Practice Nurses Professional Development Group, in particular Wendy Findlay, for their willingness to share this most valuable resource.

2. Mission Statement

The following Mission Statement that highlights our philosophy on what Peer Learning means to Practice Nurses across Otago and Southland.

“Peer learning is an opportunity for nurses to share information, experiences and knowledge in a mutually supportive and collegial environment. The group enables reflective learning, practice critique and a greater self awareness to occur, that increases confidence, enhances practice and promotes professionalism.”

(Findlay, 2007)

3. What is Peer Learning?

Peer Learning is where groups of Practice Nurses meet on a regular basis to engage in purposeful discussion and deliberation about a range of topics/case studies under the guidance of a facilitator (current member of the peer group). This role of facilitating will be shared amongst the group members.

The Peer group environment encourages learning and the giving and receiving of feedback in a non-threatening supportive environment. It endorses development of self-expression, confidence and reflection of one's own performance.

Peer Learning acknowledges people as individuals with varied experiences. It encourages participation of all members to enable people to learn co-operatively.

Reflective practice (a critical component to peer learning) can be described as a process in which professionals examine situations encountered within the work setting in order to better understand their practice. Situations are processed in terms of the actions, feelings and responses of those involved along with the overall outcome.

Reflective practice is a requirement for accreditation processes and professional portfolios.

"Reflection is a mirror to practice. Through reflection we can come to see ourselves in the context of our practice and develop essential skills associated with caring"

(Palmer,A. Burns,S. and Bulman,C. 1994).

4. Setting up Peer Groups

Group Structure

These suggestions will assist you in establishing your new Peer group/s.

GROUP SIZE	Four to eight members is suggested, six being an optimal number.
VENUE	This can then be shared amongst the group. It may be more appropriate in a professional environment, though some groups may prefer to meet at someone's home, café etc If meeting at a café always be aware of confidentiality of conversations in a public environment.
TIME	Limit review process to one hour in total. Suggested times could be lunchtime or early evening.
FREQUENCY	Monthly or six weekly, February to November. Suggested frequency could be the first Monday of the month.
FACILITATOR	Outline who will carry out the facilitation role for the group, good idea to plan the year out to ensure that each group member gets a chance to facilitate a session.
DOCUMENTATION	A session register will need to be completed by the facilitator at the end of each session. REALLY important to link the learning to Nursing Council Competencies. Please also refer to the section on 'Documentation'.

5. The First New Peer Group Session

- Become familiar with the 'guidelines to facilitating a peer learning session' prior to the session (see appendix I).
- Be mindful of time, keeping to the timeframe, which has been set by the group.
- Be aware that not all participants know each other. Begin the session by introducing each other within the group.
- Identify the purpose of peer learning group and relate to the mission statement. Enquire with the group members what they expect out of the sessions.
- Use some 'icebreaking' and team building techniques if appropriate (see Appendix V).
- Discuss the 'Practice Nurse Peer Learning Group Guidelines and explore this with the group, especially the topics on documentation, confidentiality, and presentation style/expectations. Remember the Guidelines are there to assist not overwhelm!
- Discuss the role of the members in the group, explaining it is anticipated that each member of the group will, at some stage, present a topic and facilitate a meeting. Plan this out for the rest of the year
- Develop your own ground rules that you can then duplicate ready for the next peer review session. There is a list of some points you could consider as a group in Appendix IV.

6. Documentation

It is an essential part of professional practice and its importance cannot be over emphasised. Documentation allows nurses to record their autonomy, accountability, professionalism, actions, feelings and responses.

It is important to know that verified documented records may be used for auditing at anytime as part of an accreditation process, a quality assurance programme or even to review services and seek future improvements or as a requirement of a contract for funding of services.

Records may be used to establish facts and the truth of a situation where an inquiry or investigation of events becomes necessary.

Therefore it is important that any piece of documentation is presented correctly.

Documentation surrounding peer review will be approached in two ways:

1. **Personal Documentation** -Record of attendance in personal portfolios
-Case studies, exemplars, any critical incident
2. **Non-personal Documentation** – PHO education requirement

Personal Documentation

Record of attendance in personal portfolios

This records your attendance at each the Peer Learning meeting and should include date, topic and learning outcomes and be verified. Your attendance will count towards your Competency Based Annual Practicing Certificate. **Don't forget to preserve anonymity at all times!**

Documentation of your presentations (eg Case studies, exemplars, any critical incident)

Being involved in Peer Learning will inevitably involve you presenting/discussing patient cases that you have been involved in. The recall and documentation of an event must be made carefully and thoughtfully.

Whether this is in the form of a case study, exemplar or critical incident, it is important to remember that they are treated in such a way as to respect any person's privacy. That is, the information should avoid not only the person's name but also any personal details, which could identify the person; this also applies to any institutions or companies etc.

This rule of anonymity also applies when holding an oral presentation.

Retaining records of cases studies/exemplars presented is NOT a requirement but if you chose to present a case and retain it for your Professional Portfolio then the following principles apply.

Basic principles to use as a guide in keeping appropriate records, which ensure a high standard of professionalism and help protect your professional safety:

- Care must be taken to use only relevant information of professional and educational interest.
- Factual, accurate, concise, legible and indelible.
- Signed, verified and dated.
- Events should be described objectively, avoiding judgemental or ambiguous statements.
- Adhere to legal and employer standards/practice policy.
- Names of other staff or patients should be avoided.

Non-Personal Documentation

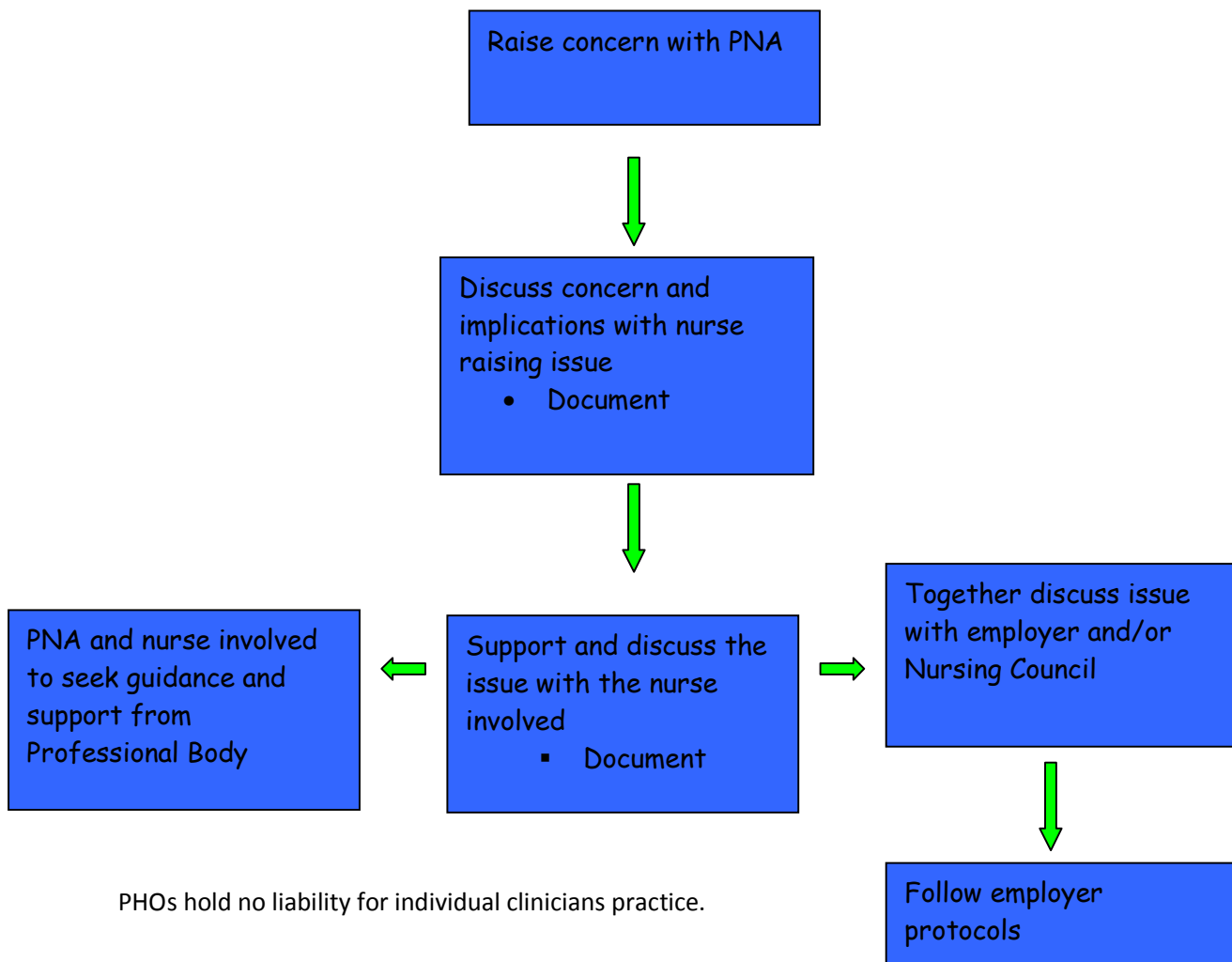
Documentation for group facilitator to provide to the combined PHO 'Otago Primary Care Nurse Leader Group'.

The combined PHO's require some 'auditing only' information about peer review sessions. This will allow us to monitor attendance and make future improvements

A Session Register has been developed for this purpose, it needs to be completed, verified and sent to Claire Lord after **each** meeting.

7. Peer Learning is Support...

If an issue should arise from a Peer Learning meeting regarding a person's professional or clinical practice that concerns you, or if you receive a report of concern from another member, it would be advisable to give support and discuss the issue as a group. If, however, in your view the issue remains unresolved then please follow the flowchart below at the soonest possible time.



PHOs hold no liability for individual clinicians practice.

**“Coming together is the beginning;
Keeping together is progress;
Working together is success”**

Henry Ford

8. References

- Burgess, M. (1998). *A Guide to the Law for Nurses and Midwives*. Auckland: Addison Wesley Longman New Zealand Limited.
- Findlay, W. (2006) *The effect of peer learning and review groups on practice nurses' clinical practice: A mixed method survey*. Otago Polytechnic, Dunedin,
- Gopee, N. (2001). *The role of peer assessment and peer review in nursing*. *Nursing Management*, 26, 48.
- Jones, S., Rawson, M. (2001) *Preparing an exemplar for assessment*. *Kai Tiaki Nursing New Zealand*; 7: 3, 30-31.
- Jones, S., Rawson, M. (2001) *How exemplars are assessed*. *Kai Tiaki Nursing New Zealand*; 7: 4, 20.
- Jones, S. (2002) *Guidelines for Professional Portfolio for Practice Nurses*. South Link Health Inc, Dunedin.
- Malby, R. (1998) *A learning network to develop peer review*. *Nursing Standard*. 12: 33, 32-34.
- Palmer, A., Burns, S., Bulman, C. (1994). *Reflective Practice in Nursing*. Blackwell Scientific Publication.
- Parks, J., Lindstrom, C. (1997). *Taking the fear out of peer review*. *Nursing Management*. 26, 48.
- Roper, K., Russell, G. (1997). *The effect of Peer Review on Professionalism, Autonomy and Accountability*. *Journal of Nursing Staff Development*, 13: 4, 198 - 206
- Trim, S. (2002). *Exemplars require caution*. *Kai Tiaki Nursing New Zealand*; 8:2, 26.
- Wilson, H. (2001). *Report on South Link Health Peer Review Proposal*. University of Otago.

Appendix I

Guidelines to Facilitating a Peer Group Session

When you facilitate a Peer Group session you are in charge of ensuring the smooth process of sharing, participation and learning occurs.

As part of this role you provide leadership, direction and guidance to the group.

- Work within the Code Of Ethics
- Keep to the timeframe set by the group
- Become familiar with the role of the Peer Review Group Session Presenter (see appendix II)
- Have the nurse presenter for the evening begin her topic
- When the nurse has finished presenting, feedback can be initiated. It may be that you as the facilitator need to begin this process and encourage the group to follow
- Keep the group focused and moving along
- Address any other relevant issues for the month that require discussion once the evenings topic has come to a close
- Identify and resolve any problems/conflicts within the group as soon as they occur, refer to Support Protocol enclosed if necessary
- End the session by summarising valuable learning points.
- Negotiate the next meeting date, time, venue, presenter and facilitator.
- Remind and encourage nurses to complete their own form of documentation/evaluation after leaving from the session. This could involve learning outcomes, reflection or journaling.
- As the group facilitator you also need to fill out the Session Register and return it to Claire Lord, Communication and Education Facilitator, Well Dunedin, P O Box 903, Dunedin 9050

Appendix II

The Role of the Peer Group Session Presenter

- Always maintain confidentiality (refer to section on Documentation).
- Be well prepared to present the case study or topic of discussion. Also see appendix III.
- Be mindful of the time and the number of people who may be presenting in the session. It may be necessary to have a time- keeper if more than one person is presenting.
- Present the case study or topic of discussion in any way that is appropriate. Creativity is encouraged but the facilitator should feel comfortable with the method of presentation to ensure that the session runs smoothly.
- Consider the way in which you need to receive feedback from the group and make this explicit at the very beginning of the session. A basic but very formal method of receiving feedback is to ask for comment on what went well and what could be improved on.
- The facilitator initiates the feedback process by being the first to comment on your presentation and any issues surrounding it. Then the facilitator will ask the group to provide feedback.

Appendix III

Points to consider when preparing your presentation

Choose a case study/exemplar/critical incident

While adhering to the 'Documentation' guide in this pack, your presentation can be presented in an oral or written format.

Your presentation can affirm the value and significance of your practice or it can address an issue within practice in which to seek support, advise or clinical knowledge etc.

In general, writing about one's work can be an excellent tool to help health professionals reflect on and learn from their clinical experience. To make the most of this exercise however, one should have considerable freedom of expression at the time of writing. For this reason, many educators advocate doing this exercise in two parts. Firstly, one can write a private and personal 'free-hand' or 'free-form' version to explore and think about the situation, identifying and working through some of the issues. Then secondly, you can use a summarised version for your presentation or Professional Portfolio. As portfolios may be audited it is important to preserve confidentiality of patients and other staff. It is also important not to write anything that may expose you to questions of clinical competence. In general, these formal writings should be worded to demonstrate your overall learning from the exercise of writing, rather than being a 'personal diary'. **Remember: Retaining records of cases studies/exemplars presented is NOT a requirement but if you chose to present a case and retain it for your Professional Portfolio then principles apply.**

When you have chosen a case study/exemplar/critical incident ask yourself the following:

- What was my role in this situation? Or what was going on?
- What actions did I take?
- Did I feel comfortable or uncomfortable?
- How did others react?
- How did I react?
- Was it appropriate?
- What were my concerns?

- How could I have improved the situation?
- What went well?
- Do I feel that I have learnt anything new about myself?
- Did I expect anything different to happen? What? Why?
- What was my learning in this situation?
- What other issues, e.g. ethical, political, or social arose from this?
- What knowledge from theory and research can be applied to this situation?

Answering these questions may help you to write your presentation.

Other ideas for a presentation

- Critiquing a research article
- Topic of interest
- Literature review
- Conference review
- Peer Learning Packs – available from Otago Region Primary Care Nurse Leader Group, c/- Claire Lord Well Dunedin, P O Box 903, Dunedin 9050

Relevant readings that may assist you with this area include:

Jones, S., Rawson, M. (2001) Preparing an exemplar for assessment. Kai Tiaki Nursing New Zealand; 7: 3, 30-31.

Jones, S., Rawson, M. (2001) How exemplars are assessed. Kai Tiaki Nursing New Zealand; 7: 4, 20.

Jones, S. (2002) Guidelines for Professional Portfolio for Practice Nurses. South Link Health Inc, Dunedin

Trim, S. (2002). Exemplars require caution. Kai Tiaki Nursing New Zealand; 8:2, 26

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Appendix IV

Example of Ground Rules

EACH GROUP NEEDS TO DEVELOP THEIR OWN GROUND RULES DEPENDING ON THE VALUES AND BELIEFS OF PARTICIPANTS.

IF THE GROUP SHOULD ENCOUNTER ANY DIFFICULTIES IN WORKING TOGETHER IT IS ENCOURAGED TO GET THEM TO GO BACK TO THEIR GROUND RULES TO HELP RESOLVE THE DIFFICULTY. THIS PROCESS ALSO RAISES THE IMPORTANCE OF THEIR RULES, AND IT PROVIDES FURTHER OPPORTUNITIES TO RE-NEGOTIATE THE VALUES OF THE GROUP.

Each group needs to develop their own ground rules depending on the values and beliefs of participants.

If the group should encounter any difficulties

Some points to consider:

- Confidentiality is maintained at all times.
- Be on time: sessions will begin promptly and end one hour later.
- When people are giving feedback and speaking, please ensure it is without interruption.
- Provide empathy and support to the speaker.
- Peer review is a learning experience; keep social dialogue to a minimum, while in session.
- Provide non-judgmental comments and be respectful to the speaker.
- Be aware of others ideas, intuitive knowledge and divergent points.

Appendix V

Ideas for Icebreakers and Team Building Activities

My Name Is

Tell the group how you got your name, or something significant about your name.

Pebbles

Have a dish of pebbles. Ask each person to take 'Some' pebbles. Then go round the group telling 1 thing about yourself for each pebble you have.

Commonalties

Divide into 2s or 3s and then identify 3 things that you all have in common (could be nursing things)
Report back to the group

I Wish

Share with the group 3 things you would like to achieve, this year/ next 5 years, nursing/ non nursing issues, any variation

Treasure Hunt

Each person has a treasure hunt list and pen. Circulate and identify a different person for each fact.
Eg. Birthday in May, drives a Ford etc.

Changing Places

The group sits in a circle with one chair removed. One person stands in the middle and asks the group to "Change places if (identify a nursing/ non-nursing issue e.g. Work in a rural practice)
The person in the middle tries to get one of the seats that becomes vacant as the place changing happens.

Conflict Resolution

Each person blows up a balloon and ties it to their ankle with a string. The members then try to break each other's balloons by stepping on them. The person whose balloon is broken is out. Continue until one person is left.

Discuss with the group how they acted in this situation – did they attack, did they defend?

Appendix VI

Peer Learning Group – Session Register

Group facilitator: _____

Date:	Time:
Venue:	

Participants:

1	2
3	4
5	6
7	8

Presenter:
Topic (s):

Summary of valuable learning points (maintaining confidentiality)

Please return register to: ONE Primary Care Professional Development Programme
C/- Claire Lord, Well Dunedin PHO, PO Box 903 Dunedin 9054

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